Obscure Case of Supposed Injury to Brain.—Dr. JOHN ASHHURST, Jr., read the following account of this case:—

Mary G., Irish, aged 40, a widow, was admitted to the Pennsylvania Hospital on Sunday, March 23d, 1862, about 3 P. M.

She was said to have fallen down stairs the evening previous, and had been pronounced by a medical man, who had seen her previous to her being brought to the hospital, to have a fracture of the skull with, it was said at first, symptoms of concussion of the brain, which had however at this time disappeared.

Her condition when admitted was as follows: Her pupils were nearly natural; the left slightly more dilated than the right, but both responding to the stimulus of light. From the left ear was a discharge of what appeared to be bloody serum, small in quantity but constantly accumulating. The mouth was very slightly drawn towards the right side.

Her eyes were kept shut, and she remained continually in a state of profound insensibility, varied with occasional violent and semi-spasmodic motions of both upper and lower extremities. The limbs of the left side were, however, much less thrown about than their fellows. Her pulse and respiration were throughout quite normal.

The left radius was broken obliquely at its lower third. No fracture of the skull was detected.

Her condition did not vary materially from the above during the ensuing night. Her urine was passed involuntarily. While in the state of insensibility above described her limbs remained perfectly rigid, except when thrown about by her half-convulsive movements.

The next morning, Monday, her condition was very much the same. She could now be roused from her lethargy and would articulate a few words before relapsing into the soporose condition. By tickling the soles of her feet the rigidity of her arms would suddenly give way, a phenomenon which gave rise to the suspicion that her condition was epileptic. A sinapism was applied to the nape of the neck, the head shaved, and an evaporating lotion composed of tincture of camphor, alcohol, and ether occasionally made use of.

On Tuesday, March 25th, the paralysis on the left side of the face was very well marked; the tongue, when protruded, inclined slightly to the affected side. There appeared also some paralysis of the entire left half of the body. When addressed she replied in a sharp querulous tone, her sentences interspersed with what almost amounted to shrieks. Her mind was evidently far from being in a normal state.

A microscopic examination of the discharge from the left ear showed the existence of blood corpuscles in abundance, some oil globules, amorphous granules, etc.; without, however, anything resembling pus.

From this time she has gradually improved, and left the hospital last Monday, June 23d, with but a slight distortion of face when speaking, and *bizarrêrie* rather than dulness of mind. I have brought this case before the Society as interesting in connection with the various examples of injuries to the head which I have from time to time reported. The pathological condition in this case I have no doubt is a fracture at the base of the skull involving the petrous portion of the temporal bone. This would account satisfactorily for the various symptoms, and nothing else, so far as I know, could account for the peculiar non-purulent discharge from the ear. What the result in this case will be, it is hard to say; not improbably an

abscess may eventually form in the brain and become the immediate cause of death.

I had last autumn in the hospital a very interesting case of what seemed to be typically concussion of the brain. In this case strabismus and orbital ecchymosis came on subsequently to admission; violent delirium for several days required mechanical restraint; and of the occurrences during this period the patient was totally unconscious when the maniacal paroxysm had passed off. He remained in the house some weeks, at the end of which time the only evidence that he was not well was an occasional foolish remark.

He left the hospital contrary to my advice, and after going about his usual avocations for some days fell down and died. I was not invited to be present at the autopsy, but was told that an abscess of the brain and a fracture of the skull had been found to exist.

Abscess of the brain may result from injuries received long prior to death. Forbes Winslow records cases in which the causes were four, six, and even ten years previous to the fatal issue.

Comminuted Fracture of Skull.—Dr. C. C. LEE presented a specimen of this, and gave its history as follows:—

Hugh R., æt. 53, was admitted into Pennsylvania Hospital June 22, at 1 A. M. Two hours before, while coming down stairs with a child in his arms, he had fallen forward about 10 feet, as was supposed, upon his head. When admitted he was speechless and moaning, but showed some signs of intelligence; the pupils were of normal size but immovable; there was no paralysis or blowing expiration, and the coma was very light; in a word, the case resembled rather concussion than compression of the brain. The scalp was uninjured, but under it was effused a large amount of blood, and although fracture of the skull was feared, it could not accurately be determined. Cold to the head, counter-irritation, and stimulants were employed, but the patient sank slowly and died 16 hours after entering the house. At the autopsy a large quantity of blood was found, as expected, under the scalp, and when this was removed it revealed an extensive radiating fracture, involving the occipital, right and left parietal bones along their lower margins, and the squamous portion of the left temporal bone; on the left side the fracture was comminuted, and a piece of the lower edge of the left parietal bone was considerably depressed; the lines of fracture were confined to the sides and base of the skull; the vertex and orbits were not affected. The membranes were extensively lacerated, and large, diffused clots covered the surface of the right hemisphere and a considerable portion of the left, thus, perhaps, accounting for the absence of marked hemiplegia. The total absence of orbital ecchymosis is also noteworthy, for the fracture extended nearly across the base of the skull.